

Name in Full

Certificate of Death

Died at

Date 189

Male

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

~~Divorced~~

Colored

~~Single~~~~Widower~~

Number of children living

MARYLAND

~~Female~~

of

Name

Mother's

Name

How long sick

Primary

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Thomas H. Drayshaw

Glen B. Davis Maryland

LIBRARY BUREAU, 85968

Attended by Dr.

of

Thomas H Drayshaw  
Glen Burnie

Seen by Coroner

of

Information contained in this certificate received from

Charles Gambrell  
of Hammock Maryland

Name In Full

Certificate of Death

Marian Rice Garrott

Town

County

Died at

near weverton washington

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Age

8

Ind

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~Husband  
of

Wife

Father's

Name

Luc Garrott

Mother's

Name

Mary S Moore

Cause of

Primary

Death

Immediate

82  
Cholera Infantum

How long sick

Accident, Suicide, Homicide

Reported by

C. H. 22121212

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75505

Dr. Meek

Informant—  
The Clavich

Name In Full

Certificate of Death

Edward Cornelius Gelwick

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Aug 24

Age

1. 4.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Ed Cornelius Gelwick

Mother's

Name

Ann C Gelwick

Cause of

Primary

Chorea a Infection

How long sick

39 days

Death

Immediate

Cerebral

Accident, Suicide, Homicide

Reported by

Address

J. B. Brown  
Summit

87105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79508



Name  
in  
Full

Guemella Reese Glass.

## CERTIFICATE OF DEATH

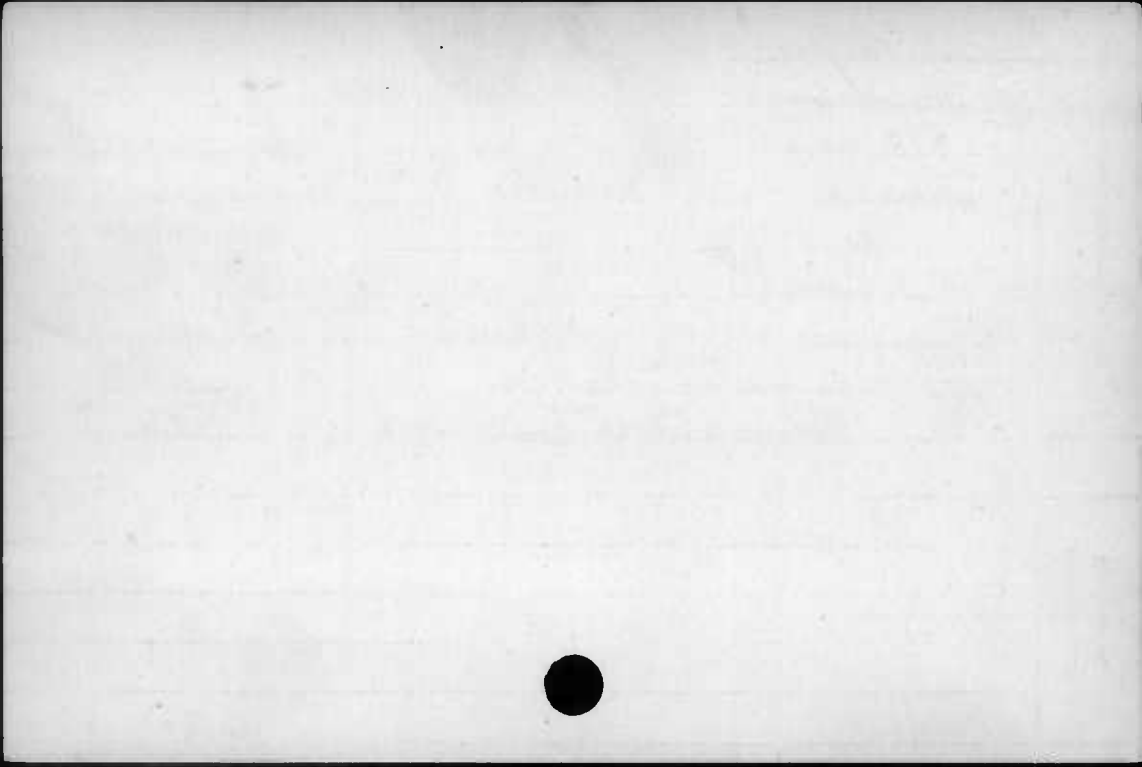
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1890</i>	<i>April</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	<i>43</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>4</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wadesville Pa.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of <del>Wife</del> or Husband <i>Henery Martine Glass.</i>				
Father's Name <i>Stephen Reese</i>	Father's Birthplace <i>Wales.</i>				
Mother's Maiden Name <i>Johannah Morgan.</i>	Mother's Birthplace <i>Wales.</i>				
Name of person giving information <i>Henery Martine Glass.</i>	How related to deceased <i>Husband.</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			





Name  
in  
Full

Walter Marion Glass.

## CERTIFICATE OF DEATH

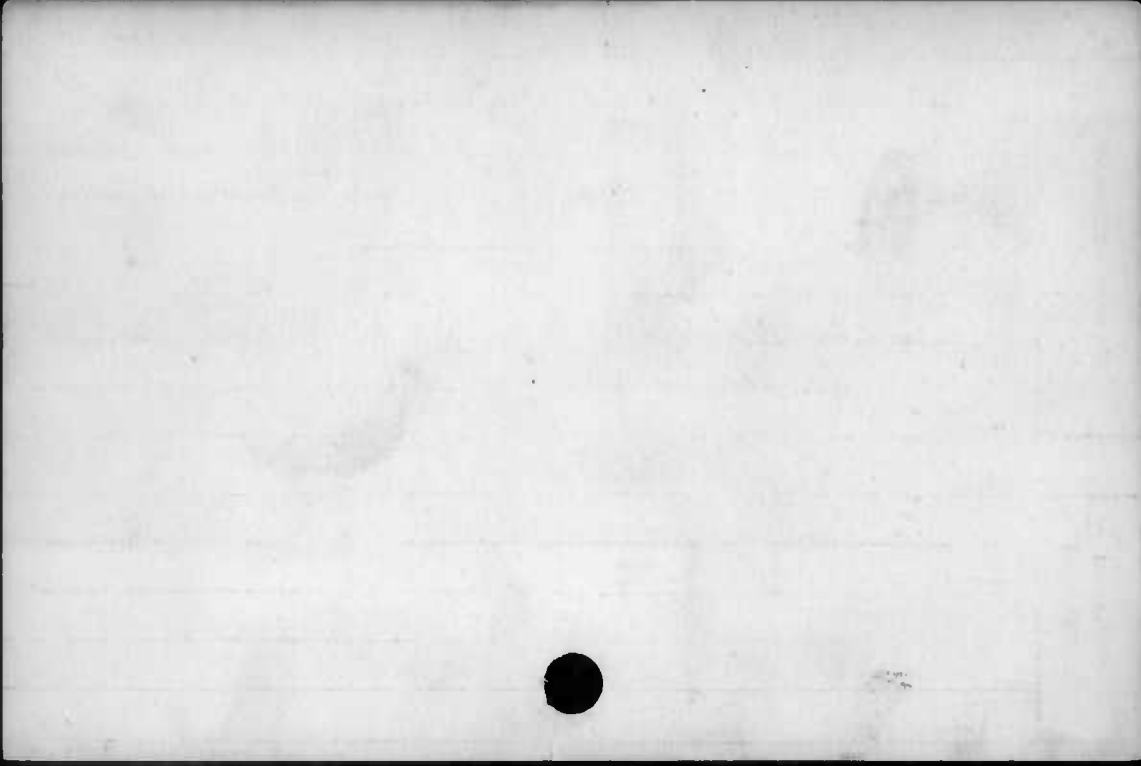
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Sharpesburg		Washington					
Date of death	1892	Month	April	Day	4	Years	23
Age	23	Months	1	Days	23		
Sex	male	Color or Race	white	Birth-place	Bellmount Co. O.		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	Henry Martin Glass.				Father's Birthplace	Sharpesburg Md	
Mother's Maiden Name	Gwenella Reese.				Mother's Birthplace	Wadesville Pa	
Name of person giving information	Henry Martin Glass				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy.	How long	20 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Acetiah Gleaves

Town

County

Died at

Galea

Kent

MARYLAND

Died Aug 14 1914

Month

Day

Y.

M.

D.

Native of

Occupation

Age

15-

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Elijah Gleaves

Maiden Name

Mother's

Mary O. Gault

Cause of

Primary

acute Catarrhal Enteritis

How long sick

5- days

Death

Immediate

Congestion, Cerebral

Accident, Suicide, Homicide

Reported by

J. William Latimer M.D.

Address

Galea Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

John David Gordon, ✓

Died at <sup>Town</sup> Marlboro <sup>County</sup> Berkeley <sup>St. Va</sup> MARYLAND

Date of death 1980 <sup>Month</sup> May <sup>Day</sup> 1st <sup>Age</sup> 2 <sup>Months</sup> — <sup>Days</sup> 23

Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Hagerstown

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ <sup>Name of Wife or Husband</sup> \_\_\_\_\_

Father's Name Clinton A. Gordon <sup>Father's Birthplace</sup> Berkeley Co. W. Va.

Mother's Maiden Name Julia May Lucinda Bloom <sup>Mother's Birthplace</sup> " " "

<sup>Name of person giving Information</sup> Clinton Allen Gordon <sup>How related to deceased</sup> Father.

CAUSES OF DEATH

Primary <sup>How long</sup> Bronchial Pneumonia followed by nine days  
Central spinal meningitis  
Immediate <sup>How long</sup> E. Coli infection three days

Are the name, age, sex, color, date and place correctly given above? Yes.

<sup>Signature of Physician</sup> W. S. Richardson  
<sup>Address</sup> Williamsport Md

Accident or Suicide Yes,

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Williamport Md. May 2<sup>d</sup> 1910.  
Interment in Riverview Cemetery.  
By J. H. Kreps. Undertaker.

Name in Full

Certificate of Death

Died at

Date 189

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
NameMother's  
Name

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

R. Ellegood

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-

ceived from

Sam. J. Marvel Undertaker

of

Adelmar, N.J.



Name in Full

Certificate of Death

Died at

Date 189

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Will Graves

Died at Millington

County

Stent

MARYLAND

Date 189 8 4 - 10

Age

Y. M. D.

Native of

Occupation

marland

Married

Widow

Bereaved

Single

Widower

Number of children living

Husband of

Wife of

Father's Name Henry Graves

Mother's

Name

not known

How long sick

2 weeks

Primary

Immediate

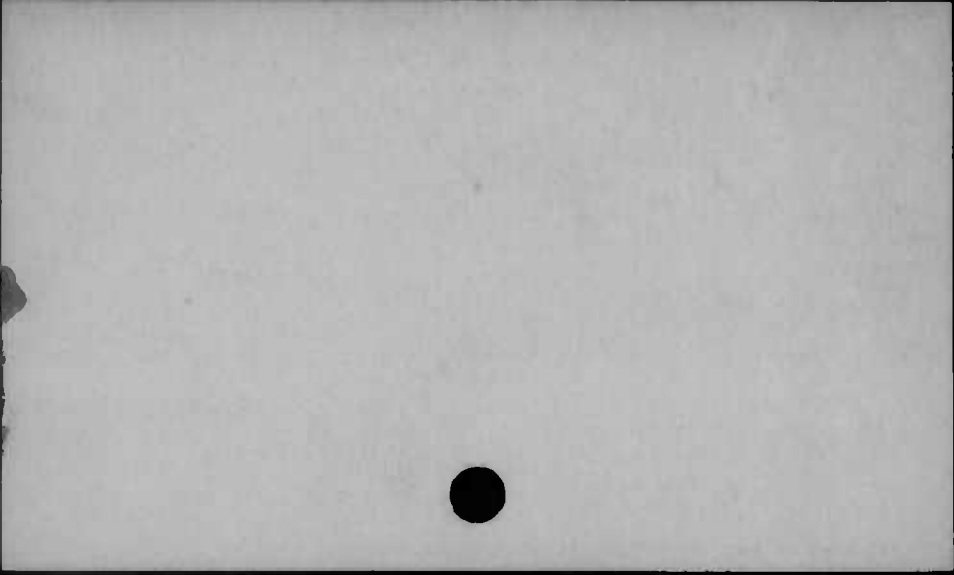
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Married

~~Single~~

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

How long sick

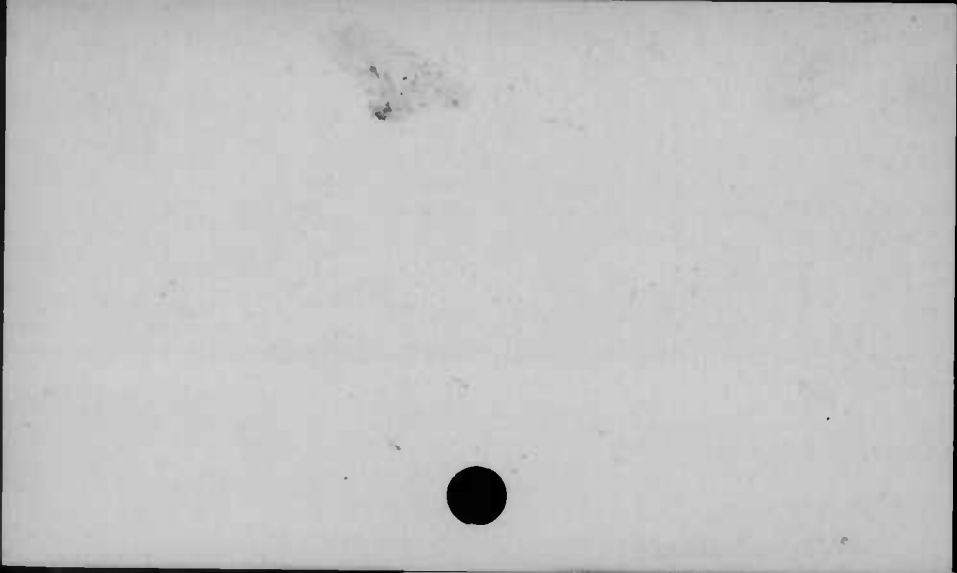
Accident, Suicide, Homicide

Primary

Immediate

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6-

Mother's

Name

153

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Attended by Dr. No doctor

P.C.T. 71

Seen by nurse: \_\_\_\_\_

at \_\_\_\_\_

Information contained in this report is  
from \_\_\_\_\_  
Son of \_\_\_\_\_  
Leicester Ind

Board of Health  
City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

5.16625

Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Death, March 29<sup>th</sup> 1877

Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Griffin.

Sex, { Cross out the word not required in this line. } Female

Age, 40 Years, Months,

Color, White Sex, Female

Marital Status, { Cross out the words not required in this line. } Single, Widow or Widower

Occupation, Servant

Place of Birth, { State or country (and how long in the United States, if foreign birth. ) } Ireland

Residence in the City of Baltimore, abt. 26 years

Place of Residence, Mount Hope Retreat.

Cause of Death, { First (Primary,) Organic Disease of Brain. Insanity. Second (Immediate,) Chronic Diarrhea.

Duration of Last Sickness, 6 months.

The above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 31<sup>st</sup>

Name of Undertaker, Chas. J. Scruen

Address of Business, 271 Eutaw st

Thos. H. Stokes,

Medical Attendant

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to send, within twenty-four hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) and the cause and date of death, except in cases of births and deaths of illegitimate children.

## CERTIFICATE OF DEATH.

*following additional information is requested in relation to the  
of death enumerated below.*

- |  |  |
|--|--|
| <p>TRISM—Mode of Death.</p> <p>SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.</p> <p>BIRTH—Circumstances producing Death.</p> <p>—Variety and Seat.</p> <p>S—Mode of Death.</p> <p>ON—Mode of Death.</p> <p>OF HEART—Variety. Valves involved.</p> <p>R—Variety and cause.</p> <p>ITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.</p> <p>PELAS—Seat and Cause.</p> <p>FURES—Cause and Mode of Death.</p> <p>RENE—Seat and Cause.</p> <p>ITIS—Cause.</p> <p>IA—Variety and Mode of Death.</p> <p>ITY—Variety and Mode of Death.</p> <p>DICE—Cause and Mode of Death.</p> <p>A, ACUTE—Cause and Mode of Death.</p> <p>BRIAGE—Cause and Mode of Death.</p> | <p>MALIGNANT PUSTULE—Location and Cause.</p> <p>MALFORMATION—Variety.</p> <p>METRITIS—Variety and Cause.</p> <p>NECROSIS—Seat. Cause and Mode.</p> <p>OVARIAN TUMOR—Mode of</p> <p>PARALYSIS—Variety and Cause.</p> <p>PERITONITIS—Cause.</p> <p>PHLEBITIS—Cause.</p> <p>PYEMIA—Cause. Nature of Injury, if any.</p> <p>PREMATURE BIRTH—Cause. Fœtal age.</p> <p>PRETERNATURAL BIRTH—Manner of.</p> <p>SYPHILIS—Variety, Chief Location and Mode.</p> <p>TETANUS—Nature of Injury, if any.</p> <p>ULCER—Nature, Chief Location and Mode of</p> <p>WOUNDS—Cause, Variety, Seat and Mode of</p> <p>ABSCCESS—Cause, Location and Mode of Death.</p> <p>Specify every Surgical operation with fatal result.</p> <p>Mention <b>INTEMPERANCE</b> whenever received having produced or complicated the death.</p> |
|--|--|

**JAMES A. STEUART, M.**  
*Commissioner of Health and*



Name in Full

Certificate of Death

Thomas J. E. Griffin

Town

County

Died at

Date 189

Male

~~Female~~~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Drappe

Talbot

MARYLAND

Month Day  
July 26Y. M. D.  
Age 28Native of  
Md.Occupation  
Farmer

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~

Single

~~Widower~~

Number of children living

of

Mother's

Name

Rebecca Adley Griffin

How long sick

2 weeks.

Primary

Immediate

74

~~Accident, Suicide, Homicide~~

Exhaustion

James S. Chaplain M.D.

Drappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



✓

Elizabeth

Griffith

Town

County

Died at

Date 189

~~Male~~

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Husband

of

Wife

Father's

Name

~~Mother's~~~~Name~~

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hagerstown Washington MARYLAND

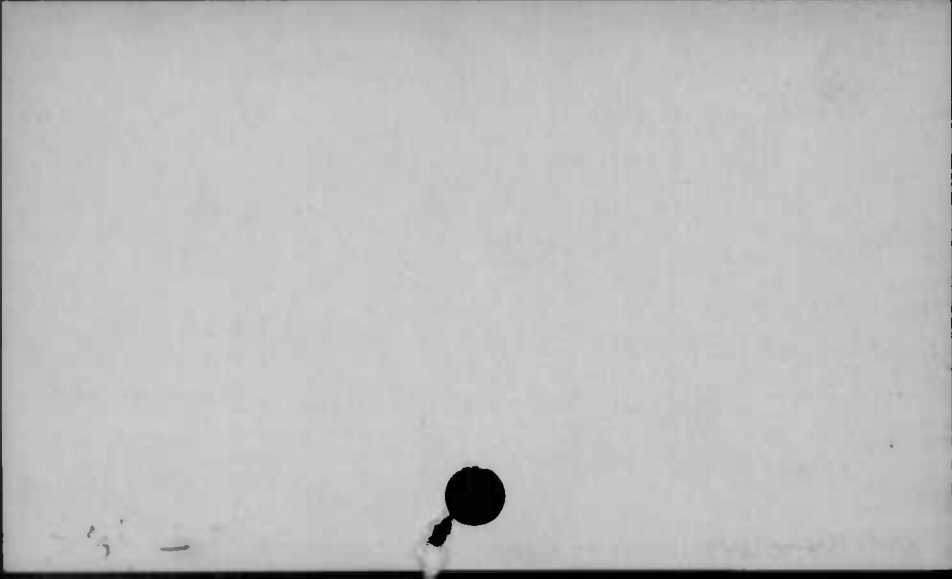
Nov 21 Age 71-3-2 Md Housewife

White Married ~~Widow~~ ~~Divorced~~ Number of children living 4

F. C. Griffith 15-56

Supposed Heart Failure 7 yrs

L. M. Martin Undertaker  
43 E. Franklin St Hagerstown



Name in Full

Certificate of Death

#5794 Florence Grass

Died at <sup>Town</sup> Catonsville <sup>County</sup> Balto

MARYLAND

Date 189 <sup>Month</sup> 12 <sup>Day</sup> 5 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 0

Husband of Charles Grass  
 Wife  
 Father's Name Thomas Boston Mother's Name 110

Cause of Death { Primary Uterine hemorrhage  
 Immediate Pulmonary Oedema

How long sick 2 days  
~~Accident, Suicide, Homicide~~

Reported by Occurred by Stultz E.D.  
 Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008



Name in Full

Certificate of Death

#5764  
 Harry Grosse  
 Town

County

Died at

Govanstown

Balto

MARYLAND

Date 189

Month Day

Nov. 25

Age

Y. M. D.

9 Yr

Native of

Maryland

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Single

was raised by a Mother's Name  
 Mr. Grosse. Uncle J. Child

Cause of

Primary

Death

Immediate

Consumption 22a

How long sick

10 or 12 mo.

Accident, Suicide, Homicide

Reported by

H. G. Prentiss M.D.

Address

809 Gorseuch. Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. H. G. Prentiss

of Baltimore City

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received

from \_\_\_\_\_

of \_\_\_\_\_



it No. ....

Physician who attended any person in a last illness is responsible for the presentation of this Certificate. The undertaker or other person superintending the burial, within *twenty-four hours* after the death of *shall* if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

of Death, *April 19. 1877*

Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Christiana Guts*

Male or Female, { Cross out the word not required in this line. } *Male*

*64* Years, *10* Months, *10* Days.

Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Place of Birth, { State or country (and how long in the United States, if of foreign birth. } *City -*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Leeward St. B&O Co. - home 24 Stockton St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Carcinoma*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Time of Burial, *A. J. Insley* M. D.

Place of Burial, *Medical Attendant.*

Undertaker, *Address 457 N. Carey St.*

Place of Business,

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*The following additional information is requested in relation to the cause of death enumerated below.*

ANEURISM—Mode of Death.

CER. SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.

Commissioner of Health and Registrar

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jesse Guyton  
Town

Washington  
County

MARYLAND

Died at

Date of death 1844 May 190

Day

Age

Years

Months

Days

Sex  
Occupation

Color or  
Race

Birth-  
place

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

